

AUTHORIZATION FOR MASSACHUSETTS STATE TAX WITHHOLDING

Pelham School District

Employee Name: _____
(Print employee's name)

Emp #: _____

Please initial your selection below:

_____ I do not wish the Pelham School District to withhold any Massachusetts Income Tax from my paycheck. I understand that I may opt in at any time by completing a new Authorization form.

_____ I authorize the Pelham School District to withhold 5.0% (2020 rate) of my taxable salary from each payroll check and forward it the Massachusetts Department of Revenue at the end of each payroll. I agree that this authorization remains in effect until I withdraw it in writing and that the rate will be adjusted each year to reflect the current Massachusetts Withholding rate as listed in the current year's Circular M Publication or according to the Mass.gov website if no new Circular M is published.

_____ I withdraw the authorization for Massachusetts Tax Withholding and request that this withholding be stopped prior to the next payroll processing date.

Employee Signature

_____/_____/_____
Date Signed

For Payroll Use Only:

Entered By: _____

Date Entered: _____

Prior Earnings/Taxes Updated: _____
(if state changes)